

Center on Ethnic & Minority Aging, Inc.
Report: 2005 White House Conference on Aging

Health and Long-Term Living

Priority I: Need for Increased Numbers of Health and Social Service

Professionals/Administrators/Managers who are People of Color in Aging

Barriers:

- Need to increase numbers of minority students who are enrolled and complete professional programs and then attract them to the aging field;
- Lack of people of color at higher level management positions in the field of aging;
- Continued salary gap between men and women in the field.

Possible Solutions:

- Development of a leadership program designed to increase health and social service professionals who are people of color interested in the field of aging in particular. This could follow the models set by some corporations;
- Create mentoring opportunities designed to interest younger people of color in management careers in the aging field.

Planning Along the Lifespan

Priority Area II: Keeping the Social Security System Solvent

Barriers:

- Concern that private accounts will not be managed properly by everyone and we will create another kind of poverty for people in old age;
- Too much rhetoric and not enough bipartisan effort to work together to keep Social Security solvent;
- Concern over individuals versus concern of society;
- Too much money is being “borrowed” from the Social Security fund to pay for actions not voted on by the American people;
- Unclear how the move to privatization will impact the disabled and children who collect benefits;
- Since so many elderly only have Social Security as their income in old age, what happens if these people are not successful through private investment;
- A need for increased discussion on how privatization will impact minority group members and women;

Possible Solutions:

- Social Security should become a universal program. Everyone that is employed should pay into the system;
- Increase the amount that the wealthiest pay into the Social Security system;
- Provide financial management education if people are expected to manage private accounts;
- There must be an ideological commitment to keeping the “social compact” created through the development of the Social Security System;
- Private accounts could be seen as an “add-on” voluntary option for some who feel able to better manage their funds than the government;
- Make sure that all outstanding loans from the Social Security fund are repaid and that the borrowing stops in order to preserve benefits for current and future recipients;
- Increase FICA contributions;
- Insure that young people receive good educations, increased wages and financial training in order that they will not be dependent upon Social Security;

- Non-profit organizations should assist in working with the community to help with early financial planning/education;
- Instead of the focus being on privatization, we need to look at other factors that negatively impact the Social Security Trust Fund and true crises issues like the lack of universal health care.

Planning Along the Lifespan:

Priority Area III: Medicare

Barriers:

- Lack of a universal health care system;
- Confusion about the new Medicare program;
- Guidelines are cumbersome;
- Many people based on current guidelines will not be able to make the deductible payment in order to be eligible for the benefit. They will still have to make choices between paying for their medication, rent, food or utilities;
- Prescriptions not on the approved list, spending on non-formulary prescriptions and other health related costs should count towards the deductible so that more people can qualify;
- Lack of a clear appeals process.

Possible Solutions:

- Much more community education in regards to the soon to be implemented prescription drug component of Medicare is needed;
- Must have clear guidelines for appeals;
- Increased user-friendly written materials on the Medicare prescription plan available in multiple languages;
- Contract with local community organizations that work with specific ethnic groups/have 24 hour multiple language line capability in order to have questions answered quickly;
- Change spending priorities such that the co-pay for the Medicare prescription plan can be reduced;
- Review marketing of prescription plans as “cold calling” to seniors directly should not be allowed;
- Make sure that there are adequate quality controls to curb system abuse.
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Social Engagement

Priority Area IV: Optimizing Retirement Opportunities

Barriers:

- Because there is so much focus in aging services on long term care, leisure, educational, social and prevention aspects of growing older do not receive adequate funding or priority;
- The lack of commitment of one person for another;
- Lack of adequate and affordable transportation that seniors can use in order to volunteer, take classes and contribute to their communities.

Proposed Solutions:

- Support intergenerational programming through increased emphasis on civic engagement between elders and young people at the high school and junior high levels;
- Pay attention to the social and spiritual needs of older people;
- Increase (not decrease) the numbers of senior centers and other recreational activities available to older people;
- Provide education to younger people about the need to plan their retirement, not only financially but what they will do with their time;

- Put additional funds in the creative arts since many people either discover their talents when they are older or go back to further explore or develop skills that had to take a back seat because of raising families and working;
- Provide meaningful opportunities for older people to contribute to their communities;
- Include programs that are multicultural.

Health and Long Term Living

Priority Area V: Health Disparities

Barriers:

- Lack of consistent/required training in the area of how culture influences health care beliefs and understanding is one component that creates health care disparities;
- Lack of a universal health care system increases the numbers of people of color without health care;
- Need for increased grass roots community education in the area of disease prevention;
- Lack of health care materials in multiple languages;
- Need for health care providers that are bilingual and bicultural;
- Increased funding needed to provide interpreter training.

Possible Solutions:

- Mandate cross-cultural training for all physicians and other health care providers;
- Mandate federal dollars for interpreter training and language classes for physicians and other health care providers who work with diverse populations;
- Provide universal health care coverage;
- Prioritize efforts for community outreach i.e. working with faith based institutions to increase educational efforts, health screening, etc.

Health and Long-Term Living

Priority Area VI Mental Health & Aging

Barriers:

- Lack of funding for community based mental health services;
- Stigma in ethnic communities concerning mental health;
- Language barriers;
- Too much emphasis on drugs and not enough on other options available to older people;
- Lack of education on the part of physicians in terms of mental health needs of older persons and the options available;
- Need for cultural competence training for mental health professionals;
- Need for better system coordination-money should follow the person versus the debates between the aging and mental health providers when a person turns 60;
- Additional community based outreach and education is needed.

Possible Solutions:

- Mandated cross-cultural training for mental health professionals;
- Increased community education about mental health services in order to reduce the stigma associated with treatment;
- Improve relationships between mental health and aging systems in order to increase collaboration and reduce fragmentation;
- Better physician education concerning mental health and aging;
- Increase funds to develop specific community based mental health programs that are run by professionals who are bilingual and bicultural.

Health and Long Term Living

Priority Area VII: Developmental Disabilities and Aging

Barriers:

- Lack of socialization opportunities for people who have developmental disabilities when they reach old age;
- Lack of bilingual/bicultural staff who can work with consumers and families;
- Not enough funds for needed programs/waiting lists;
- Lack of specialized housing facilities for older people with developmental disabilities;
- Lack of resource material (written and online) that is geared to working with an older population with developmental disabilities and that is culturally specific;
- Need to help aging parents cope with children with developmental disabilities;
- Too low wages for direct care workers;
- Lack of system coordination between aging and MR/Developmental Disability programs.

Possible Solutions:

- Need to reexamine the criteria of 60+ for persons with developmental disabilities because problems of age impact this population at earlier ages;
- Better system coordination so that money follows the person;
- Increased cultural competency training and need for increased bilingual/bicultural workers;
- Increase Medicaid funding;
- Need to examine the use of waiver dollars specifically for persons with developmental disabilities;
- Increase access to services through better transportation options;
- Explore better socialization options for the developmental disabilities population; difficult to integrate this population into traditional senior centers; the group is reaching “retirement” age and no longer want to work in sheltered workshops, etc.;
- Need clearinghouse of information that is geared to the older person with a developmental disability;
- Specialized training for nursing home staff to better deal with persons who have developmental disabilities.

Our Community

Priority Area VIII: Consumer Choice and Long Term Care

Barriers:

- Balance of spending on military and other priorities versus long term care;
- Erosion of the safety net including decreased Medicaid Funds which support long term care services;
- Need increased affordable housing options;
- Lack of quality transportation that is accessible;
- Lack of services delivered in a manner that is culturally competent;
- Waiting lists;
- Desperate need for qualified home care workers;
- Fragmented funding systems;

Possible Solutions:

- Long term care should be seen as a continuum from programs like senior centers to community based services to nursing home placement with adequate funding to cover all components;
- Increased funding for home modifications would allow many seniors to “age in place”;
- Improve the ability of consumers to direct their own care;

- Give current nursing home residents who can return to the community, safe, affordable options;
- Increase the numbers of health and social service providers that represent the various ethnic communities in order to increase access;
- Consumers and caregivers need increased educational opportunities so that they can make informed choices;
- For people on Medical Assistance, either eliminating or better explaining the estate recovery requirements so that more people would be willing to participate in programs funded through medical assistance dollars;
- Increase the training and the dollars paid to direct care workers;
- Promote true consumer choice by having the money follow the person regardless of what “system” the person is in.

Delivery of Quality Care By Caregivers:

Priority Area IX: Increased Assistance for Caregivers

Barriers:

- Need for additional respite services;
- Lack of preparation for the role of caregiver;
- Systems are confusing in terms of accessing information;
- Lack of qualified health care workers.

Possible Solutions:

- Increase funds available for programs like Family Caregiver Support;
- Provide increased community forums aimed at caregivers and future caregivers;
- Increased wages and better training for health care workers;
- Provide information that is easy to understand and in the language of the caregiver.

Planning Along the Lifespan

Priority Area X: Quality Care at the End of Life

Barriers:

- Lack of cross-cultural sensitivity on the part of health and social service providers;
- Fear on the part of individuals and families to engage in end of life discussions.

Proposed Solutions:

- Insure that providers of service receive mandatory cross-cultural training when working with people at the end of life;
- Develop training manuals/curriculum/practice guides that are cross-cultural in nature;
- Increase funding for palliative and hospice care.

Health and Long Term Living

Priority Area VII: Sexual Orientation and Aging

Barriers:

- Lack of understanding concerning the issues of gay, lesbian, bisexual, transgender older adults;
- Lack of training of health and social service providers in this area;
- Lack of educational materials and support groups on LGBT issues as well as specifics on HIV/AIDS and the elderly.

Possible Solutions:

- Increased training and recognition around diversity issues in general and sexual orientation in particular;
- Increased funding for support groups and educational materials in this area.